1. PLACE O				130	v /	
County Carroll County				Registration Dist. No.	14	
Village or City Sykesville, Taryland			(If	No. pringfield State Hosp St death occurred in a horpital or institution, give its NAME instead of street	.,Ward	
Length of res	sidence in city or town where	death occurred	UyrsQmos	23 ds. How long in U.S. if of foreign blrth?yrs	mosds.	
2. FULL NA	ME Franc	es B. B	radshaw			
(a) Reside	nce: No(Cousin)	2127 B (Usual place	olton St.	St., Ward. Baltimore Md.	n and State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEAT		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH  June 29  (Month) (Day)	, 193 <u>5</u> (Year)		
5a. If married, wido HUSBAND of	wed, or divorced					
(or) WIFE of				22. I HEREBY CERTIFY, That I atte		
6. DATE OF BIRTH	(month, day, and year) Ja	nuary 2	5,1857	I last saw ICT alive on June 29 19.35; death is:		
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated above, at 7.20Pm M.		
7	8 5	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1011	
Trade, profession of SAWYER	ession, or particular work done, as SPINNER, R, BDOKKEEPER, etc	Milline	r		Date of onset	
9. Industry or	husiness in which			Chronic Nephritis	Unk.	
O V	as done, as SILK MILL, ILL, BANK, etcsed last worked at	1	.1			
this occ	upation (month and and less	OWN Sp	time (years) ent in this supation in know			
			201	Other Contributory Causes of Importance:		
(State or con	city or town)Camb untry)	trose 'm				
13. NAME	James Bra	dshaw				
13. NAME	CE (city or town)	Maryla	nd	Name of operation Date	of	
(State o	or country)			What test confirmed diagnosis? Was then	9.0	
IS. MAIDEN N	AME Mary Tr	avers		23. If death was due to external causes (VIOLENCE) fill in also the foll		
16. BIRTHPLACE (city or town) Haryland (State or country)			d	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19	
17. INFORMANT HOSP-Records, S.S. Hospital				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, OREMA	TION OR REMOVAL	SVILLE	,	Manner of injury		
Place On	udm/ark	Date	ر الم	Nature of Injury		
19. UNDERTAKER(Address)	In I de	bol.	Jus	24. Was disease or injury In any way related to occupation of deceased	d? No	
0-	24 200	Maria	Yhara	(Signed) John L Williers of		
20. FILED	19 33 (8	many	/ LUV Registrar.	(Address) S. S. Howh. So her wille	Med	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Was AU		Batter Transport		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

1. PLACE OF DEATH	93-0
County learnall	Registration Dist. No. 75
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Elizebath W. B.	silhart
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 ,1935 (Month) (Oay) (Year)
5a. If married, widowed, or divorced  WESTAND OF CONTROL BRILLIANT  (or) WIFE of Charles Brilliant	22. I HERBBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) June 8 1847	1 last saw hele alive on Jerus 30 , 19 Jul ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATH, and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hause Wife SAWYER, BOOKKEPER, etc.	Orterocelesos Oate of onset
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1932 spant in this year)  year)	
I2. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME GREATE FILE WESTER	Cardiae Hypertrophy
14. BIRTHPEACE (city or town)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jukuston  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Les Robert Brilliant, (Address) Manchenter Will	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manufactural Mad Oate 7 - 2 1935	Manner of injury
19. UNDERTAKER Just Wainly Louis (Address) Manufactor his	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO July 1 , 19 35 m is . St. J. Lewer Registrar.	(Signed) W BREDEWER M.D.  (Address) Manchesto Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	11 -		(107- @)	int No. 42.
County Carro	2 60		Registration D	St. Wa
Village or City Cary	en Dut	(1f	No. death occurred in a hospital or institution, give its NAME	instead of street and number)
Length of residence in city or	own where death occurred	yrs,mos	ds. How long in U.S. If of foreign birth?	yrsmos
2. FULL NAME	nis Lee	Brown		
(a) Residence: No.			St., Ward.	ive city or town and State
	(Usual place of		MEDICAL CERTIFICATE	
	TATISTICAL PARTIC		21. DATE OF DEATH	
Jiemale Why	OR DIVORCED	(write the word)	(Month)	(Day) (Year)
5e. If married, widowed, or divorced HUSBAND of			1 HEREBY CERTIF	, That I attended deceased f
(or) WIFE of			une 20 1935,10	une days
6. DATE OF BIRTH (month, day, and	year) Jan 24 -	1935	last saw h alive on	Gem.
6. DATE OF BIRTH (month, day, and 7. AGE Years  8. Trada, profession, or particle	Months Days	If LESS than	to have occurred on the date stated above, at	
	4 2 4	ormin.	ware as follows:	Date of or
8. Trada, profession, or particular kind of work done, as S	INNER,			
kind of work done, as S SAWYER, BOOKKEEPER, Orl Mustry or business in white work was done, es SILK SAW MILL, BANK, atc	h -	J / 1/2/2000	Bronchial	neumonialu
work was done, es SILK SAW MILL, BANK, atc	MILL,			V
10. Date deceased last worked this occupation (month a	at 11. Totef t	ime (years) nt in this		
year)		upation	Other Contributory Causes of Importance:	STATE OF THE PARTY
12. BIRTHPLACE (city or town)	Carroll &	<i>Q</i>	aute Bron	e Cities uns
(State or country)	nary land		and was	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	1310un	Ta	Name of operation	Date of
14. BIRTHPLACE (city or town) (State or country)	marslan		What test confirmed diagnosis?	
~	It Borns	Lee-	23. If death was due to externel causes (VIOLENCE) fil	Il in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	tande	6	Accident, suicida, or homicide?	Date of Injury, 19_
(Stata or country)	maryla	nd	Where did injury occur? (Specify city or	town, county and State)
	Brown		Specify whether injury occurred in INDUSTRY, in HO	OME, or In PUBLIC PLACE.
(Address) Oresta	minter and	16.25	2	
17. INFORMANI (Address) (Address)  18. BURIAL, CREMATION, OR REM	Rem Date Lyn	4 24 1935	Manner of Injury	
Placa Schares	Cl. Hall	Bullet	24. Was disease or injury in any way related to occur	
19. UNDERTAKER	otille of	en	24. Was disease or injury in any way related to occup	2
(Address)	lector /a	- 9/	(Signed) Lewys	Leben
\$ 20. FILED June 22 - , 19:	5 Walern Col	entery,	(Address) Amons /2	1000 ms

CTATE OF MARYLAND—CERTIFICATE OF DEATH

FOR BINDING

MARGIN RESERVED

V. S. No. 1 B ż OCIFO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of AGE should be mation should be carefully supplied. B.—WRITE PLAINLY,

# STATE OF MARYLAND—CERTIFICATE

. 0	F DEATH	0646
)/		0010

1. PLACE OF DEATH				920			
County	Carroll			Registration Dist. No. 7	et		
Village or C	ity Springfie		(If	1, NSykesville, Md. St., death occurred in a horpital or institution, give its NAME instead of street and a	number)		
	dence in city or town where			6 ds. How long in U.S. if of foreign birth?yrsmo	)sds.		
	me Benjamin						
(a) Residen	ce: NoGaithers	burg, Mo	ontgomery of abode)	Co., Md. Ward.  If nonresident give city or town and	State		
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		21. DATE OF DEATH  June 26  (Month) (Day)	, 193 <b>5</b> (Yaar)				
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorcad			22. I HEREBY CERTIFY, That I ettended February 20, 185, to June 26			
	(month, day, and year)	ebruary		Hast saw h_im_aliva on June 26, 19 35			
7. AGE Yea 72	4	Days 1	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7.57	Date of onset		
O Industry or work wa SAW MII	ssion, or particular work dona, as SPINNER, BOOKKEEPER, etcF businass in which s dona, as SILK MILL, LL, BANK, etc ed last workad at pation (month and 193	- 11. Total t	ima (years) nt in this	Chronic valvular heart disease (mitral regurgi- tation and aortic stenosis)	Unk		
12. BIRTHPLACE (ci	ty or town) Montg	omery C	0.	Other Contributory Canses of importance:			
	James Burro	ughs		Cancer of rectum	Unk		
14. BIRTHPLACE	E (city or town) MOD		Co.	Name of operation Date of What test confirmed diagnosis? Was there an a			
15. MAIDEN NA	ME Katherin	e Beard		23. If death was due to external causes (VIOLENCE) fill in also the following			
15. MAIDEN NAME Katherine Beard  16. BIRTHPLACE (city or town) Scotland  (State or country)				Accident, suicide, or homicide?			
17. INFORMANT (Address)	Springfield Sykesville		Hospital,	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.		
18. BURIAL, CREMA	TION, OR REMOVAL	1	28,1935°	Manner of injury			
19. UNDERTAKER	Long When	Baro	med	24. Was disease or injury in any way related to occupation of deceased?	No		
20. FILED	e 261935 Q	Hory	New Registrar.	(Signed) Lotter & Wilher and Charles See & House Explication	Med. M. D		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
// SKINGS		8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

"Cancer of Rection" sen confirmed - post mortun sefused

19. UNDERTAKER

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

J. Francis Reese

Westminster. Md.

Neture of injury\_\_\_\_

24. Wes disease or injury in any way related to occupation of deceased?

(Address) Wenterman Don Maria

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EAT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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MOTHER

LION

pluods

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Carroll County Registration Dist. No. Village or City Springfield State Hospital, No. Sykesville, Md. St., (If death occurred in a horpital or institution, give its NAME instead of street and number) \_\_\_ds. How long in U.S. If of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds Robert Grover Carpenter. 2. FULL NAME (a) Residence: No. 4811 Laurel Ave... Baltimore I nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the word) Married. Male. White. 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from Marian Sutton. (or) WIFE of June 30 March 7. 1885. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Davs If LESS than Months 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance 50 3 or .... min. Date of ensat Acute Phlegmonous Myositis 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Sheet metal right side of thorax and Industry or business In which worker. work was done, as SILK MILL. SAW MILL, BANK, etc ... known. No history on endence of this occupation (month and 1930 (?) 11. Total time (years) year) Oate deceased last worked at a case of Manie Dalacarine Other Contributory Causes of importance: Dilatation of right New York City. 12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) secondary to an 6/30 Napoleon B. Carpenter. embolice premourie prosessa Name of operation. Clinical symptoms What test confirmed diagnosis.

FATHER 13. NAME

14. BIRTHPLACE (city or town) New York City. (State or country)

Phila Chamberlain.

16. BIRTHPLACE (city or town) New York City. (State or country)

18. BURIAL, CREMANDON, OR REMOVAL

17. INFORMANT Springfield State Hosp. Record Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)

19. UNOFRTAKER (Address)

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homlcide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur? ....

Menner of injury

Nature of injury.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	-,41			
			1402	
Other contributory causes of importance:	1000000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			C103C4 +	

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1		STATE C			CERTIFICATE OF DEATH 06	463	
1.	PLACE OF DI		Maryla		culosis Sanatorium		
	County Car				ed Branch (23) Registration Dist. No. 74		
	Village or City_	Henryton,	Marylan	nd	No. (above) st.	Ward	
				yrsU mos	f death occurred in a hospital or institution, give its NAME instead of street and its. 6. ds. How long in U.S. if of foreign birth?	osds.	
2	FULL NAME				7771	711.6	
	(a) Residence: N	0.1336 Pen	na., Ave		Most, e, Mdward.  If nonresident give city or town and	State()	
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
_	Temale (	color or RACE		RfED, WIDOWED, D (write the word) 1 e Q	21. DATE OF DEATH June 13, 1935 (Month) (Dey)	, 193 (Year)	
5a.	If married, widowed, or HUSBAND of (or) WIFE of	divorced Cha	rles Ca	rroll	22. I HEREBY CERTIFY, Thet I attended June 7, 1935 19 to June 13, 1		
6. D	ATE OF BIRTH (month	, day, end yeer)	ct., 5,	1915	lest saw her alive on June 13, 1935, 19 deeth is se		
7. A		Months 8	Deys 8	If LESS then 1 day,hrs.	to heve occurred on the dete steted above, at 10.45 m. P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
NOIL	8. Trede profession.	or particular	Housewi:	fe	wera as follows: Pulmonary Tuberculosis	Date of onset	
a l	9, Industry or busine work wes dona SAW MILL, BAI	ss in which as SILK MILL,	At home			Jan.	
OCCU	10 Data deceased last	worked at (month and TIm Len	11. Totel t	ime (years) nt in this n knov		1935	
12.	BIRTHPLACE (city or to	wn Pung	oteague inia		Other Coutributory Causes of importence:	-	
2	13. NAME		ge Stev	enson			
FATHER	14. BIRTHPLACE (city (	unkn			Name of operation Data of What test confirmed diegnosis? Wes there en e	2.7	
ER	15. MAIDEN NAME	Edna	Garris	on	23. If deeth was due to external causas (VIOL ENCE) fill in elso the following		
MOTHER	16. BIRTHPLACE (city (	or town) Unkn	own inia		Accident, suicide, or homicide? Data of injury Where did injury occur?		
17	INFORMANT John (Address) Hen:	n E. O'Ne	ill, M.	D.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.	
18.	Burial, CREMATION, C Baplico City	R REMOVAL 7 Morgue	Date Jun	e 15, <sub>19</sub> 193	Manner of injury		
19.	UNDERTAKER 7		a llen	eleg of		No	
20.	FILED 6/13/3	Deputy	Local	Nece Registrar.	(Signed) Just Collection (Address) Jenny To	W. M. D	
		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
oli -			Ť ,	
Other contributory causes of importance:		Other contributory causes of importance:	-1-	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	100
County Carrell	Registration Dist. No.
Village or City Mess // Mades	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
2. FULL NAME John Thomas	Charac.
(a) Residence: Not new Windson M	Q St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR. DIVORCED (write the word)	21. DATE OF DEATH
The Widows	(Month) (Ddy) (Year)
e. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mary C. Chase	Jeh 1935 to sure 9 1935
DATE OF BIRTH (month, day, end yeer) Mars 20 1861	Hast sew have alive on June 1 , 1935; deeth is self
AGE Yeers / Months Days / If LESS than	to have occurred on the date stated above, et 5 17 - m.
74 2 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
	Cations Seles Date of onset
Trede, profession, or perticular kind of work done, es SPINNER, Clergyman	augus Pertoris 5-15-3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	()
SAW MILL, BANK, etc	
11. Total time (yeers) this occupation (month and year) year) 11. Total time (yeers) spent in this occupation	
Baltinia Mil	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME John & Chase	
13. NAME John John Harris 14. BIRTHPLACE (city or town) Bollinson Md	Neme of operation / Lone Dete of
(State or country)	Whet test confirmed diegnosis? Little Condis purwas there en eulopsy?
15. MAIDEN NAMPHAMATON etales	23. If death wes due to externel causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAMP (Sygneth etgles)  16. BIRTHPLACE (city or town). Sarmany	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur?
7. INFORMANT William W Chase Mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1801 Eye pt mu Wach De	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece of the last last Dete for 1936	Neture of injury
9. UNDERTAKER D) Harblery	24. Wes disease of injury in any way releted to occupation of deceased?
(Address) New Minker Ma	If so, specify
O. FILED free 8 Bot Chrewle Benedict	(Signed) M. C
Zocal Registrar.	(Address) Mestous /

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HUNGAN V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06465
County Carroll	Registration Dist. No. 70
Village or Citype an Janey Own	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOMAL & Colina	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed to divorced HUSBAND of	22. A 1 HEREBY CERTIFY That I attended deceased from
(or) Miller / Jula / Olingan	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 14, 1 867	Islast saw hotton alive on Anna 28 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$4.35 A.m.
67 6 14 lay, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, January	1 D D
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Maur Illows De
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Salves l	Other Coutributory Causes of importance:
(State pr country)	
II 13. NAME Villiam Olingan	acolo Vanda decre
13. NAME 111am Ougan 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? Described Was there an autopsy? W.
15. MAIOEN NAME TO THE TOTAL OF	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Wo Danuel 6 Jungary (Address) Sanly Jun Jungary	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION OR REMOVAL	Manner of injury
fut tadeyand Janey Dan Oate Judely 1., 1935	- Nature of injury
19. UNOERTAKER ON	24. Was disease or Injury in any way related to occupation of deceased?
1	If so, specify
20, FILEO JELLIL, BA, 1936 May Solling To Registrar.	(Signed) M. D. M.
If more blanks are needed, addred State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d-Brain and a state of the stat	Example II	-	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Cod B ARC				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

	infor- state UPA-	STATE OF MARYLAND—CERTI  1. PLACE OF DEATH	FICATE OF DEATH
(M)	of Education	County Carroll	Registration Dist. N
	item shor	Village or sity Eastview R.F.D. Westminoste	er a hospital or institution, give its NAME instead
	A SS t	Length of residence in city or town where death occurred 5 yrs mos. ds.	How long In U.S. if of foreign birth?y

2			
	Registration	Dist.	No.

	registratio	Dist. NO		
			St.,	Ward
stitution	, give its NAI	ME instead of	f street and n	umber)
20 . 0				

2.	FULL	NAME	Mary	T.	Comegys,	

(	a) Residence: No		Eastvi (Usual place		St., Ward.  If nonresident give city or lown and State
F	PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	emale Wh	nite	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH  June, 2, 1935, (Month) (Day) (Year)
(or)		rry D.Co			1 HEREBY CERTIFY, That I attended deceased from  1 1935, to fluid 2 1935; death is sai
6. DATE 7. AGE	OF BIRTH (month, day, Years	Months	74-9-3	If LESS than	
7. AGE	62	9	Days	l day,hrs.	to have occurred on the date-stated above, a 2: 150 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
PATION 8.	Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	s SPINNER,	Housew	ife	Cardio Vascular History
70/1	Industry or business in work was done, as SI SAW MILL, BANK, et	LK MILL.			Cerouary Throwboses June 2
10.	Date deceased last work this occupation (monty year)	th and	11. Total ti sper	me (years) nt in this upation	Primary Cause: Chronife regrecardation Carterion
	HPLACE (city or town)_ State or country)	Baltimo			Other Coutributory Causes of Importance:
	NAME	Vol	.Z		
ш.	BIRTHPLACE (city or tow (State or country)	un) Unkno	משי		Name of operation Date of What test confirmed diagnosis?
	MAIDEN NAME	Nnknc	wn		23. If death was due to external causes VIOLENCE) fill in also the following:
H 16. I	BIRTHPLACE (city or tow (State or country)	/n)			Accident, suicide, or homicide? Date of injury, 19
	RMANT Hari	cy D.Com D. West	egys.	r.Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	al, cremation, or re plaLoudon Pa	MOVAL			Manner of injury
11	ERTAKER /6 Address) W	m.Ma	HZ.		24. Was disease or injury in any way related to occupation of deceased?
	1,		8	, 0-	11/6/2 1/20 1

Registrar. If mor blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS B	Y	PHYSICIAN
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MOTUTON

STATE OF	MARYLAND-	-CERTIFICATE	QF DEATH
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0	0	A	40	63
U	U	4.	5	0
. 0	0	200	-	

1. PLACE OF DEATH				00.700
County Carro	11			Registration Dist. No. 76
Village or CityWe	stmins		near)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ROL				s. ds. How long in U.S. if of foreign birth?yrsmosds.
	Jere Do	norri	2	
(a) Residence: No.		Usual place of	ahode)	St., Ward.
PERSONAL AND ST				If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR 1	RACE 5. SI	NGLE, MARR	IED, WIDOWED.	21. DATE OF DEATH  June 5 193 5
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of				(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and ye	ear) Nov	. 27,	1933	I last saw handlive on how sign 1935; death is said
7. AGE Years N	fonths 6	0ays	tf LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPI SAWYER, BOOKKEEPER, etc. omdustry or business in which work was done, as SILK MI SAW MILK, BANK, etc	INER, a	t home	e (years)	a broncho-poseuronia not secondary to any ago diseasey other than a phongagitus large
12. BIRTHPLACE (city or town)	lanover Penns	ylvani	a	Other Contributory Causes of Importance:  There was on apideonic of somethout
13. NAME PASC  14. BIRTHPLACE (city or town) (State or country)	uale De		. 0	Name of operation Date of
15. MAIOEN NAME Lens	-			What test confirmed diagnosis? Cluical Was there an autopsy?
16. BIRTHPLACE (city or town)— (State or country)				23. If daath was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
7. INFORMANT Pasqua (Address)	le Done	ofrio	Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Westmins		June	7, 19 35	Manner of injury
	stmins		id.	24. Was diseasa or Injury In any way related to occupation of deceased?
0. FILEO 97/35, 19	May		Registrar.	(Signed) C. Holley Leu M. D. (Address) West A.
	If more planks a	re needed, add	ress State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
Run over by street car	1 meel: ago
	1 to con ago
Peritonitis	3 days ago
Other contributory causes of importance:	,
Gastroenteritis	1 year

	S'	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	469
1	L PLACE OF DEAT	TH .	Maryl		culosis Sanatorium	
	County_Carro				ed Branch (23) Registration Dist. No. 74	
	Village or City He	nryton,	Maryla	nd	No	Ward
				OyrsOmos	death occurred in a hospital or institution, give its NAME instead of street and n  6 ds. How long in U.S. if of foreign birth?	sds.
2	. FULL NAME N	orman R	oosevel	t Dorsey	WAR SERVICEN	211.6
exterior.	(a) Residence: No	1119 Br	ewer St (Usual place	., Baltin	10 198., Md . Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male Co	or race		RIED, WIDOWED, D (gerite the word)	June 25, 1935  (Month) (Day)	, 193 (Year)
5a.	If marriad, widowed, or divor HUSBAND of (or) WIFE of		rian Do	rsey	22. I HEREBY CERTIFY, That I attended of June 19, 1935 19 to June 25, 1	
6.	DATE OF BIRTH (month, day	, and year) Ja	n 11, 1	903	Hast saw h im aliva on June 25, 1935,19	; death is said
	AGE Yaars	Months	Days	If LESS than	to have occurred on the date statad above, at 11.00 mp. M.	
	32	5	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca were as follows:	Date of onset
NOIL	** Trade, profession, or perticular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.				Pulmonary Tuberculosi	3
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Date dacassad lest wor this occupation (mor year)	kad at ith end Unkn	OWN spa	ima (years) nt in this Unkno upetion	WN-Other Contributory Causes of importance:	Aug. 1922
12.	BIRTHPLACE (city or town). (State or country)	Mary				
ER	13. NAME	Upto	n T. Do	rsey		
FATHER	14. BIRTHPLACE (city or to (State or country)	wm) Moun Mary	t Airey		Name of operation Dete of What tast confirmed diagnosis? Wes there en a	utanau3N O
ER	15. MAIDEN NAME	Mami	e Savoy		23. If daeth was due to axtarnal causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to (Stete or country)	Moun Mary	t Airey		Accidant, sulcida, or homicide? Date of injury	<del>,</del> 19
17.	INFORMANT John (Address) Henr		eill, M aryland	. D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR R		Dato Ling	e 28, 1935	Manner of Injury	
19.	UNDERTAKER (Address)	My	uffe land	(	24. Was disaase or injury in eny way ralated to occupetion of dacaased?	10
20.	FILED 6/25/35,1	Lepi			(Signed) The Giller	L.M.D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1
N. B.—

	STATE (	OF MAR	YLAND-	CERTIFICATE (	OF DEA	TH 06	170
1. PLACE	OF DEATH			(123)		/=	^
County	Carroll				Registration D	Dist. No.	)
Village or	city Taney to	WZO		NoNo		St.,	Ward
	MISS		yrs,mos	death occurred in a hospital or institut			
	AME Margare	بالمعلم الأستان	1106	St Ward.			
(a) Reside	ence: No.	(Usual place	of abode)	St.,wald.	lf nonresident g	ive city or town and	State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
3, SEX	4. COLOR OR RACE		RIED, WIDOWED.  D (write the word)	21. DATE OF DEATH	1	27	5
F	W	6 1/3	ngle	************	(Month)	(Day)	(Year)
5a. If marriad, wide HUSBAND of (or) WIFE of	owad, or divorced			22. I HEREBY		, That I attanded	
(01) 11112 01				Dec 25.	1974 to 6		, 1935
6. DATE OF BIRT	i (month, day, and year)	ril 24,	1915	I last saw h L Y alive on	6-24	19.33	; death is said
7. AGE Y	ears Months	Days	If LESS than I day,hrs.	to have occurred on the date states			
	20   2	3	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes	s of Importanca	Date of onset
8. Trada, pro	fession, or particular	On carro al		Malignant	Hypert	ension:	
	work done, as SPINNER, ER, BOOKKEEPER, etc.	louse wor	<u> </u>	which caused t	Del Vintest	mal hemon -	
work w	r business in which vas done, as SILK MILL,			schage . Cens	G.		
	IILL, BANK, etcased last worked at	11. Total t	ime (years)	Blood pressure:	26 aystolic.	, 170, dissto	- Co
	cupation (month and	spe	nt In this	Ma kidney some	efficiency/a.		-
	city or town) Md.			Other Contributory Causes of Impo	. 1	6	
12. BIRTHPLACE ( State or co	city of town)					1558 1 mo	- roluei
13. NAME F1	rances T.Ell	iot		to concer; not	due to tu	Landulado	
		Md.			Vo	n	
	CE (city or town) or country)			Name of operation/ What test confirmed diagnosis?	linical	Date of	
. 1		C. Carson	1	23. If death was due to external cau			
16. BIRTHPLA	CE (city or town)		Pa	Accidant, suicida, or homicide?	D	ate of injury	, 19
∑ (State	or country)			Where did injury occur?	/C't'	10.	
17. INFORMANT(Address)				Specify whether injury occurred In	INDUSTRY, in HON	own, county and Sta ME, or in PUBLIC PL	ACE.
	Teneyto ATION, OR REMOVAL	WH , MIC.		Manner of injury			
PlacaTar	neytown Luth	eran 6	30 19.35			**************	
	C.O.FUSS &			24. Was disaase or injury in any wa		tion of dacaased?	No
	Taney town M			If so, specify			
0.	100 010 01	1.0700	11 /	(Signed) (om	ell T.	Trail	M D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registray

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

B

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06471

1. PLACE O	F DEATH	Mary.		erculosis Sanatorium	TIL
County C	arroll		Color	red Branch 23 Registration Dist. No. 74	
	Henryton,	Maryla	na	(abarra)	Ward
	,		_ ()	f death occurred in a horpital or institution, give its NAME instead of street and not be a death of the deat	number)
2. FULL NA	ME Estella	Richard	d Evans	WAR SERVICE None	
(a) Residen	ce: No.907 "J"	St., Spa		t. Baltimore Co., Md.  If nonresident give city or town and	State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	No. of Contract of
3. SEX Female	4. COLOR OR RACE		RIED, WIDOWED. D (write the word) 16	June 6, 1935 (Month) (Day)	, 193(Year)
5a. If married, widow					
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended Sept., 13, 1934, to June 6, 193	
		June 28.	1808	Treate 1 308E	; death is said
7. AGE Yee		Deys	If LESS/than	to have occurred on the data stated above, at 1:45 Pm. M.	; death is said
FA	6 11	9	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
. Sorrade profe	ssion, or perticular work done, es SPINNER, , BOOKKEEPER, etc.	Domest	ormin.	were esfollows: Pulmonary Tuberculosis	Date of enset
		Domest			
SAW MIL	business in which s done, as SILK MILL, LL, BANK, etc	Unknow	n		Nox.
10 Date decease this occu	ed last worked et pation (month and UNK)	11. Total ti	ime (years) nt in this nknov spation Unknov	vn	1933
yeer)				Other Contributory Causes of importance:	
12. BIRTHPLACE (ci		ldsonvil /land	Te	<b>*****</b>	
1		nard Eva	ns		
Ξ	Dorr	dsonvil		No. of continue and an arrangement of the continue and arrangement of the continue arrangement of the continue and arrangement of the continue and arrangement	
14. BIRTHPLACE (State or	(city of town)	rland		Name of operation Date of What test confirmed diagnosis? Was there an a	No.
15. MAIDEN NA	ME Cath	nerine W	illiams	23. If deeth was due to external causes (VIDLENCE) fill in elso the following	
15. MAIDEN NA 16. BIRTHPLACE		dsonvil	le	Accident, suicide, or homicide? Date of injury	
∑ (State or	country) Mary	land		Where did injury occur?	
17. INFDRMANT (Address)	John E. O'N Henryton, N	Weill, Maryland	. D.	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMAT	TON, OR REMOVAL	/	/12	Manner of Injury	
Place	from	Date 6/	10,1935	Nature of injury	
19. UNDERTAKER (Address)	Samfalli.	Sugar	etton		No
20, FILED 6/6	/35 19 Jul	Ropin.	les.	(Signed) Mul (D) Kee	W . M. D.
EU, TILEU	Deputy	7 Loggi	Registrar.	(Address) TEmperor	u rud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06472
	perculosis Sanatorium
County Carroll Cold	ored Branch (23) Registration Dist. No. 74
Village or City Henryton, Maryland	No. (above) St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Frennie Floyd	WAR SERVICE None
(a) Residence: No. 913 Leadenhall St., Ba	alto, Md ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female  4. COLOR OR RACE Colored  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	June 4, 1935  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Milton Floyd	22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, 19 to June 4, 1935, 19
6. DATE OF BIRTH (month, dey, end yeer) March 20, 1899	Hast saw her elive on June 4, 1935, 19 ; death is seld
7. AGE Years Months Days If LESS/then	to heve occurred on the dete steted above, at 8.00 mP.M.
36 2 15 1day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede profession or particular	Pulmonary Tuberculosis Date of one et
8 Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Unknown  11. Total time (yeers)	March
Date deceased last worked et 11. Total time (yeers)	1935
this occupation (month and nknown spent in this nknown yeer)	
12. BIRTHPLACE (city or town) Chestertown	Other Contributory Causes of importance:
(State or country) Maryland	
置 13. NAME Jerry Hayleton	
13. NAME Jerry Havleton  14. BIRTHPLACE (city or town) Chester  (Stein or country) Maryland	Neme of operation Date of
(Stete of County) Mai V Land	What test confirmed diagnosis?
15. MAIDEN NAME Lyda Richardson 16. BIRTHPLACE (city or town) Chester	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Chester	Accident, suicide, or homicide? Date of Injury, 19
(Stete of county) Mary 18110	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ALMOVAL Place Chestle Mcd. Date Le. 1931	Menner of injury
19. UNOERTAKER Cames A. Hayes	24. Was disease or injury In any wey related to occupation of deceased? NO
20. FILED 6/4/35, 19 Seputy Local Registrar.	2. (Signed) The Collecti M. D. (Address) Wang of The
Lobus Hood Kanan	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis •	3 days ago
		CONTRACTOR OF THE PERSON OF TH	
Other contributory causes of importance:		Other contributory causes of importance:	200 ID
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA
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06473

1. PLACE	OF DEATH	Mar	yland Tur	perculosis Sanatorium	
County			Color	red Pranch (23) Registration Dist. No. 74	
	city Henryton,		A ()	No. (&boye)  f death occurred in a horpital or institution, give its NAME instead of street and s. 10 ds. How long in U.S. If of foreign birth?	number)
2. FULL N		rnice Fo		WAR SERVICE	-None
	ence: No. 1619 Ba		, Baltin		0
PERSO	NAL AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX Femal	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH  June 27, 1935  (Month) (Day)	, 193
5a. If married, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, Thet I ettended April 17, 193519 , to June 27,	deceasad from
	fears Months	Days	1907  If LESS than 1 day,hrs.	to have occurred on the date stated above, et 8 45 Pm. M.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	_; death is sald
kind o	ofession, or particular f work done, es SPINNER, ER, BOOKKEEPER, etc.	Domest:	ic	wera as follows: Pulmonary Tuberculosis	Date of enset
9. Industry of work of SAW M	r business in which was done, as SILK MILL, MILL, BANK, etc	Unknow 11. Total ti sper occur	n ma (years) nt in this Unkno pation	OWN Other Contributory Causes of Importance:	Dec.
I2. BIRTHPLACE (State or co	1 /			Other Contributory Causes of Importance.	
13. NAME	Willi	am Forr	est		
	CE (city or town) St. Nor country) Mary 1	larys Co	unty	Name of operation Dete of What test confirmed diagnosis? Was there and	
15. MAIDEN I	NAME Marga CE (city or town) Balti or country) Marvl	more	k	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g:
	John E. O'Ne Henryton, Mo	ill, M.	D.•	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	ation, or removal by morall	Data Jun	U 29.19.35	Manner of injury	
19. UNDERTAKER (Address)	Francisco	-	1	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 6/	27/350 Mhr	CO2	leen.	(Signed) / hav (4)	W M. D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Deputy

(Address) ---

V. S. No. 1

MARGIN RESERVED

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

B	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

That I attended deceased from

Date of onset

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Example I		Example II	2013/13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		1000	1	
County Carroll		Registration Dist. No.	2	
Village or City ha Westr	nins Tes	No. St.	Ward	
delicated to the property of the state	(1	f death occurred in a horpital or institution, give its NAME instead of street	and number)	
$\alpha$ .	death occurredyrsmo	s. 20 ds. How long in U.S. If of foreign birth?yrs	mosds.	
2. FULL NAME Down	mas Jes	ell		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT		
3. SEX 4. COLOR OR RACE  Female white 5e. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <b>5</b> (Year)	
HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That   atter 7 - 1 - ,1934, to 6 21	nded deceased from	
6. DATE OF BIRTH (month, day, and year)	et. 1 - 1954	I last saw hST alive on 6 7 2 17 193	death is said	
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at / L 25 / L.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	~~~	Inbeil	2-1-34	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				
1D. Date decessed lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
to DIRTIDI ACE (situat town)		Dther Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)	el Co. And.	Browles Carleyrons.	4-19-5	
13. NAME Howard L	wher gesell		but	
13. NAME Howard J.  14. BIRTHPLACE (city or town)		Neme of operation Dete	of	
(State or country)	ma,	What test confirmed diegnosis? Was there	an autopsy	
15. MAIOEN NAME (Ingine) 16. BIRTHPLACE (city or town)	ra Atephan	23. If death was due to external causes (VIOLENCE) fill in also the folio	owing:	
[ 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19	
≥   (Stete or country)	ma.	Where did injury occur? (Specify city or town, county and	State)	
17. INFORMANT Howard J. (Address) Westmins	Stephan to md.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury		
18. BURIAL, CREMATION OR REMOVAL PIECED TUR Vank Corneter	Date June 35, 195			
19. UNDERTAKER HB AMPANS (Address) W Estimines	Jan Mills	24. Was disease or injury In eny wey related to occupation of deceased  If so, specify	2	
		(Signed)		

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		
		2 900		
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

		F MAR	YLAND-	CERTIFICATE OF DEATH 06	476
1. PLACE OF DE				(31)	200
,	rroll			Registration Dist. No	18
Village-or-Gity- N	It.Olive,	R.F.	D. Mt.A1	ry No. St.,	Ward
Length of residence in	city or town where de	eath occurred	L3_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number) nosds.
2. FULL NAME	Sarah E	lizabet	th Gosnel	1	
(a) Residence: No.		Mt.Oliv	of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL A	ND STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female W	or or race	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH  June 14  (Month) (Day)	., 195 (Year)
5a. If married, widowed, or di- HUSBANE of (or) WIFE of W	illiam H	.Gosnel	1	1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, d	ay, and year) 185	0-8-11		Clast saw here alive on Sente 13 1935	death is sald
7. AGE Years 84	Months 10	Days 3	if LESS than I day,hrs.	to have occurred on the date stated above, 20:50p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or kind of work done SAWYER, BOOKKE	particular a, as SPINNER,	None	ormin.	Orterio Oclarosis (Swile)	Date of onset
Industry or business work was done, as SAW MILL, BANK	in which			Sural Conflications	1933
10. Date deceased last w this occupation (m year)	orked at	sper	ime (years) nt in this upation		
12. BIRTHPLACE (city or town (State or country)	Carrol Maryla			Other Contributory Causes of importance	1934
13. NAME L]	oyd R.Du	vall,			
14. BIRTHPLACE (city or (State or country)	town) Unk	nown		Name of operation Date of What test confirmed diagnosis have an	2
15. MAIDEN NAME		lown		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	g:
(Stete or country)  17. INFORMANT MPS (Address F. D.	urtis Pe	nn.		Where did injury occur?	ie) ACE.
18. BURIAL, CREMATION, OR PlacMt.Oliv	REMOVAL		,16,,19.35.	Manner of injury	
19. UNDERTAKER	6.m.n.	alt,		24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 6-15-	1935 6.	my S	anen Registrar.	(Signed) C'Milau Vane (Address) Milau Vane	M.D.
	If more bl	anks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.	

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July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:	11 5 5		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:		

# STATE OF MARYLAND—CERTIFICATE OF DEATH

County Carroll	Registration Dist. No. 78
Village or City new Int arry	No. St. Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Rash of Henry of	- I will long in 0.3.11 of tolergin billing.
2 mat	a content
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL	
Femal white Married	June 30, 1935 (Nonth) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jamase Trees	22.   HEREBY CERTIFY, That I ettended deceased from
21 1CC1	June 30, *35, 19 to June 30, *35, 19    I last saw h er alive on June 30, *35, 19 ; death is se
AGE Years Months Days If AE	S than to have occurred on the date stated above, at 45A.m.
1 1 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	min. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Promie Myocarditis, Purotion: For years.
9. Industry or business in which	Acute Cardiac Dilitation (//4/
work was done, as SILK MILL Sale wife	Acute Cardiac Dilitation 6/36/36/36/36/36/36/36/36/36/36/36/36/36
10. Date deceesad lest worked at this occupation (month end spent in this	9/3//
yaar) occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town)	Had a number of route attacks of conding
(State or country)	dilatation, with pulmonary adama.
13. NAME	<u> </u>
14. BIRTHPLACE (city or (own)	Nama of operation NONE Data of Data of
(State or country) Carroll Cer	What test confirmed diagnosis? Was there en autopsy?n
15. MAIDEN NAME HOUSE Spuries	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT demente Trees	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  BURIAL, CREMATION OR REMOVAL	
(F. 1) (S. 1) 1/12	Manner of Injury
121 AM 1.00 011	Nature of injury
. UNDERTAKER Y ( Address)	24. Was disease or injury in any way related to occupation of deceased? NO
(Audiess)	If so, specify
FILED 1-1- 1935 6 001 Jan	(Signed) M

V. S. No. 1

-WRITE PLAINLY,

should state

Exact statement of

of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified. E

certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLA	AND-CERTIFICATI	E OF	DEATH	0647
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1. PLACE C	OF DEA	тн					
County	Car	roll			Registration Dist. No. 8		
Village of	City MC	Kinstry	's Mill eeth occurrad 5	,R.F.D. (I	.—NEW Windsor, St.,  If death occurred in a horpital or institution, give its NAME instead of street and its.  ds. How long In U.S. if of foreign birth? yrs. mi	Ward number)	
2. FULL NA	AME	Clinton	M.Harp	e,			
(a) Reside	ence: No	Mc	Kinstry (Usual place	's Mill,	Md St., Ward.  If nonresident give city or town and	State	
		D STATISTI			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLO	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June, 9th,		
Male		lack		vorced	(Month) (Day)	(Year)	
5a. If married, wide HUSBAND of (or) WIFE of 6. DATE OF BIRTH		Marga		p	22. I HEREBY CERTIFY, That I attended	, 19	
	ears	Months	Days	If LESS than	to have occurred on the date stated above, 12:30pm.	, death is said	
5	5	8	21	1 day,hrs.		Date of onset	
SAW M	as done, es S ILL, BANK, a sed last wor supation (mon city or town) untry)	cked et 10/3 Carro Maryl	11 Co.,	me (years) nt in this petion	Dther Centributery Causes of importance:		
13. NAME		mas H.H					
	CE (city or to or country)	New Maryl			Nama of operation Date of What test confirmed diegnosis? Was there an a	ultoney? Dev	
15. MAIDEN NAME Martha E. Thompson  16. BIRTHPLACE (city or town) Frederick Co., (State or country) Maryland  17. INFORMANT Mrs. Nora E. Tucker, (Addra R. F. D Union Bridge Md.				0.,	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicida?  Whara did injury occur?  (Specify city or town, county and State)  Spacify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMA	ATION, OR R	EMDVAL	0,	11,19.35	Manner of injury		
19. UNDERTAKER _ (Address)	1	6.m.g.	Half-	m. Lit	24. Was disease or injury in any way related to occupation of deceased?  If co. specify  (Signad)  (Signad)	ers D	
20. FILED	, ]	6	June 200	Registrar.	(Addrass) M		

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ADDITIONAL	SPACE I	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLA	CE OF DE/	STATE C	Mary Mary	land Tub	erculo	sis Sana	OF DEA torium	IH 06	179
Cour	nty Car	roll		Colo	red Br	anch 23	Registration I	Dist. No. 74	
		nryton,		_ (If		(above)	ation, give its NAME	St., instead of street and	
				)yrsmos	4 ds.	How long in U.S. if o	of foraign birth?	yrsm	nosds.
		Maggie .							
(a)	Residence: No.	Reister	stown, i	Baltimore	C9., ,	Mard.	If nonresident	give city or town and	d State
PE	RSONAL A	ND STATIST				MEDICAL C	ERTIFICATE		
3. SEX Fema		or or race		RIED, WIDOWED.  O (write the word)  O C	21. DAT	E OF DEATH	June 2,	1935	., 193
5a. If marrie HUSBA (or) WI			es H. J	ohnson	22. Apr	1 HEREBY		Y, That I attended une 2, 1	
6. DATE OF	BIRTH (month, d	lay, and year) A	ug., 27	, 1883	I last saw h	er_alive on J	une 2, 1	935 , 19	; death is said
7. AGE	Years 51	Months 9	Days 6	If LESS than  1 dey,hrs.  ormin.		curred on the data state PAL CAUSE OF DEAT Blows:			Date of onset
8. Trac	8 Trade profession or particular					Pulmona	ry Tuber	culosis	Date of onset
3	istry or business work was done, a: SAW MILL, BANK	s SILK MILL, , etc	At hom		-				Jan. 1935
10. Data	deceased last withis occupation (myear)	orked at nonth end Unkn	11. Total t spe occ	ime (years) nt in this upation UNKNOV	VI.				- 2220
12. BIRTHPI	LACE (city or town	McEon	klin		Other Cont	tributory Causes of impo	ortance:	· .	
13. NAN	NE .	John	Thompso.	n					-
13. NAN 14. BIRT	THPLACE (city or (State or country)	town) McCon Maryl	klin and		Name of or	peration		Date of	autopsy? NO
	DEN NAME	Lucy town) McEon				was due to external cau		l in also the followin	0
17. INFORM	17. INFORMANT John E. O'Neill, M. D.					Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.			ate) LACE.
18. BURIAL,	CREMATION, OR		Date Jes	no 5, 19 35	Manner of Nature of i	,			
19. UNDERT	AKER J	The Eli	tour	ons		ease or injury in any w	vay related to occupa	ation of deceased?	No
20. FILED	3/2/35	, 19 Mur.	607	leccu:	(Signe	(bddrose)	Jul of	Mull	2. M. D

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	Example I	1	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3001 81 WIN.	July 5,1927	Peritonitis	3 days ago
	ROBLAND	4		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH				
County	Carroll			NGFIELD STATE HOSPITAL	1
	City Sykesvil		SPRI 2 yrs 11 mos	NGFIELD STATE HOSPITAL  No. St.,  f death occurred in a hospital or institution, give its NAME instead of atreet and numb  ds. How long in U.S. if of foraign birth? yrs. mos.	
	ME MAGGIE				
	77		-(Transf	erged from Bay View Hospital)	- 1
(a) Resider	nce: No	(Usual place		If nonresident give city or town and Stat	te
PERSON	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  June 28, (Dev) 19	3_5 (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, Thet I ettended dece June 11, 1933, to June 28,	eased from
		nk. Unk.	1888	l last saw her aliva on June 28, 19 35 de	
	(month, day, and year) Ul	Days	I If LESS than	to have occurred on the dete steted abova, at 9:10 . R. m.	leth is seid
	47 Unk.	Unk.	1 day bre	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:	ate of onset
8. Trade, profa	assion, or particular work dona, as SPINNER, R, BOOKKEEPER, atc	None		Bronchopneumonia 6 (Found to be of tubercular	-11-
Q work wa	business in which as dona, as SILK MILL, LL, BANK, atc			origin at autopsy)	
(1113 0000	sed last worked at upation (month and		me (yaars) tln this pation		
12. BIRTHPLACE (ci				Other Contributory Canses of Importance: Epileptic Imbecile Small	chil
13. NAME	Unkown	Kaiser			
13. NAME  14. BIRTHPLAC  (Stata o	E (city or town) Germa:	ny		Name of operation	
15. MAIDEN NA				What test confirmed diagnosis?	psyrr_e
16. BIRTHPLAC	F (city or town)	Jersey		Accident, suicide, or homloide? Date of Injury Where did injury occur?	., 19
17. INFORMANT H	osp. Record Sykesvil	s, S.S.H	osp.,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
	TION, OR REMOVAL	V Date June	19.35°	Manner of injury	
19. UNDERTAKER (Address)	Her Asa	the ma	4.	24. Wes disease or injury in any way related to occupation of deceased?	110
20. FILED June	29 1935 CA	Larry H.	w	(Signed) John L. Wilher d	M. D.
- 1/			Registrar.	(Address) 3. 2 lotalicy D. M. M. Wille, Wille, Miles	/ .

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Chronic interstitial nephritis	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of in the contributory		Other contributory causes of importance:	
Gallstones & Ang	May 1,1923	Gastroenteritis	1 year
Udina			

FOR BINDING

MARGIN RESERVED

V. S. No. 1

4	. PLACE OF				CERTIFICATE OF DEATH	482
_			Mich J.			1
		arroll			Registration Dist. No.	
	Village or C	ity Henryton,	Maryla	ad	No. (20012). St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Langth of resid	dence in city or town whara	daath occurred	0yrs2mos	13 ds. How long In U.S. if of foralgn birth? yrsm	osds.
	. FULL NA	ME Mary Lee			WAR SERVICE	None
				St., Balt	Oast., Ma. Ward.  If nonresident give city or town and	State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	10 100 1000
	sex Female	4. COLOR OR RACE Colored		RIED, WIDOWED.  D (write the word)	21. DATE OF DEATH June 30, 1935	., 193
-	If married, widow HUSBAND of (or) WIFE of	ed, or divorcad	liam Le		(Month) (Day)  22. I HEREBY CERTIFY, That f attended Apr., 17, 1935, to June 30, 1	
	DATE OF BIRTH /	month, day, and year)	March 1.	1897	last saw her alive on June 30, 1935, 19	
	AGE Year		Days	If LESS/then	to have occurred on the dete stated above, at 9, 45 A. M.	-, weath 13 suit
	38	3	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causas of importence were as follows:	,
20	kind of w	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc	Housew		Pulmonary Tuberculosis	Date of one et
N N	9. Industry or I	business in which s done, as SILK MILL, L, BANK, etc	At Home	9		Reb
2	this occup	ed last worked at pation (month and Unkn	spe	ime (years) nt In this upetion Unknow		1955
12.	BIRTHPLACE (cit (State or coun	V OF TOWN )	ville inia	***************************************	Other Contributory Causes of Importance:	-
2	13. NAME	Denn	is Brown	n		
LA	14. BIRTHPLACE (Stata or	(city or town) Earm country) VIrg	ville inia		Name of operation Date of What tast confirmed diagnosis? Was there an	No
2	15. MAIDEN NAI		ie Brown	n	23. If death was due to external causes (VIOLENCE) fill In also the following	
E 0 E	16. BIRTHPLACE (State or		ville inia		Accident, sulcide, or homicide? Date of injury	
17	INFORMANT	John E. O'N	eill. M	. D.	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.

Neture of injury

18. BURIAL, CREMATION, OR REMOVAL
PIECE STYPE COLOR DATE OF THE PIECE STATE OF THE PIECE

John E. O'Neill Henryton, Md.

17. INFORMANT \_
(Address)

PULY LOCAL Registrar. (Addrass)

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Gallstones -	May 1,1923	Gastroenteritis	1 year

1	S'	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 064	13
	1. PLACE OF DEAT				(3)	30
	CountyCar	roll			Registration Dist. No.	3
	Village or Oity ne				-	Ward
	anoth of residence in cit	ty or town where deat	3	5 (11	No. St.,  f death occurred in a horpital or institution, give its NAME instead of street and  ds. How long in U.S. If of foreign birth?yrs	number)
					yrsyrsyrsyrs	nosds.
	2. FULL NAME					
	(a) Residence: No	mear	(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE 5.	OR DIVORCED	RIED, WIDOWED, O (write the word) Oried	21. DATE OF DEATH  June, 30th,  (Month) (Day)	, 193 5 .
5a	. If married, widowed, or divor HUSBAND of	rced				
		s.Rhoda C	.Lewis	3,	22. I HEREBY CERTIFY, That I ettended Jan. 1931 to June 30	d deceased from
6.	DATE OF BIRTH (month, day	end year) 1853	5-4-29		Hast saw h im alive on June 29, 1935	death is said
	AGE Years	Months	Days	If LESS than	to heve occurred on the date stated ebove, et3m.	, would is soid
1	82	2	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and reteted causes of importence were es follows:	1 2
N.	8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER. TO	·m · · · / ·	/ Seartte	Myocarditis	Date of onset
PATION	SAWYER, BOOKKEEI	PER, etc. F&I	mer, (I	etireaj	Chr. Nephritis	
J'd'n:	work was done, as S SAW MILL, BANK, e	ILK MILL,			Chr. Uremia	
occu	10. Date deceased last work this occupation (mon yeer)	ked et		me (years) t In this pation		
12	BIRTHPLACE (city or town)_ (Stete or country)	Montgon Marvla	nery Co	Q	Other Contributory Causes of Importance: Acute Uremia	6/13/3
ER	13. NAME The	omas H.Le				
FATHER	14. BtRTHPLACE (city or tov				Neme of operation None Date of	
	(State or country)	Mary	land,		Whet test confirmed diegnosis?	
1ER	15. MAIDEN NAME L	ydia Puro	dum,		23. if deeth wes due to external ceuses (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or tow (State or country)	Mary.	land.		Accident, suicide, or homicide? Dete of injury  Where did injury occur?	, 19
17.	INFORMANT Mrs.R (Address) Wood	hoda C.L.	ewis,		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18	. BURIAL, CREMATION, OR RE	EMOVAL			Menner of injury	
_	Morgan Ch	apel Cem	ate Jul;	y 2, 1935.	Nature of Injury	
19	. UNDERTAKER	Infield,	alto,		24. Was diseese or injury in any way related to occupetion of deceesed?_\(\sigma\).  If so, specify	
20.	FILED July / , I	35 dua	m. J	Vewitt	(Signed) Itanly Fatil	M. D.

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		à.	
Other contributory causes of importance:	Albert 6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PEARLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	51-c)
County Carrall	Registration Dist. No. 80
Village or City Alex Wudow	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  //_ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME John Fally Mars	41
(a) Residence: No. 3600 Chiltal aurs	St. Broketimon Mis
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 14 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Jarah & Thank	22. 1 HEREBY CERTIFY, Thet, I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 11, 1864	I last saw h in alive on fund 14 1935; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 8:50 Pim.
70 6 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Clergyman SAWYER, BOOKKEPER, etc	January Vralate 1932
A Stadustry or business in which	Toroniho - Mulmoma 6/1/3
work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupetion	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) / W Cycle (Stete or country)	
	·
13. NAME Alexander hand	Neme of operation constitutioning Detection 193.
(State of Country)	What test confirmed diegnosis ath Lah Eyau Wes there an eu'opsy? 74
15. MAIDEN NAME Cachel and Ostorn	25. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cachel and Ostorn  16. BIRTHPLACE (city or town)  (State of country)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT THE CADOR TH	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Couldness Success 17 1035	Menner of Injury
Place trush Kingle Cuelogo Juli 17, 1935	Nature of Injury
19. UNDERTAKER	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) 1003 W. Pauls As, Pauls Mil	(Signed) M. D.
20. FILED Jan 14, 19 St One & Benefit Registrar.	(Address) Ales Wind or Tu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	30,	35 1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) 7. AGE Months Days If LESS than 1 day .\_\_\_\_hrs or .... min. 8. Trade, profession, or perticular TION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.... Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc...... Date deceased last worked et 11. Totel time (years) spent in this this occupetion (month end occupetion ... 12. BIRTHPLACE (city or town) (Stete or country) FATHER 14. BIRTHPLACE (city or town) (Stete or country) MOTHER 15. MAIDEN NAME 16, BIRTHPLACE (city or town) \_\_\_\_. (Stete or country)

17. INFORMANT (Address) 18. BUSIAL CREMATION, DR REMOVAL

19. UNDERTAKER

Registrar.

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

(Month) (Dey) (Year) I HEREBY CERTIFY. That I ettended deceesed from

Data ol onset

If nonresident give city or town and State

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance

Other Contributory Causes of importance

23. If death wes due to externel ceuses (VIDL ENCE) fill in elso the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ Where did injury occur?\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

Nature of injury 24. Was diseese or injury in eny wey related to occupation of deceesed?

If so, specify

(Address) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Menner of injury

DEAT

OF

CAUSE mation

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	AT (0)	Other contributes	
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
S.Y UAZZUR			

ORYMIA CORPORATE LIMPS 1. PLACE OF DEATH plnods County 70 PHYSICIANS Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) PERMANENT (Month) BINDING 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Leander mathias: 1846 certificate. 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at. 1 day, .... hrs. or\_\_\_\_min. 8. Trade, profession, or particular OCCUPATION MARGIN RESERVED kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc .... back 9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may on 1D. Date dacaasad last worked at 11. Total tima (years) this occupation (month and spent in this that occupetion \_ instructions 12. BIRTHPLACE (city or town) (State or country) 13. NAME France FATHER 14. BIRTHPLACE (city or town) Name of oparation. (State or country) What tast confirmed diagnosis? MOTHER 15. MAIDEN NAME importan 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur?. plnous OF (Addrass) 18. BURIAL, CREMATION Menner of injury WRITE mation LION Nature of Injury If so spacify (Addrass) (Signad).

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foralgn blrth?\_\_\_\_\_yrs.\_\_\_\_mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 3 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or flomicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 19\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way ralated to occupation of deceased?

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			A CONTRACTOR OF THE PARTY OF TH

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
16 4 4000	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE C	OF MAR'	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF	F DEATH			06458
County_	arroll			Registration Dist. No. 44
Village or C	ity Spring fre	ld State	Hospila	T, No. s. Let ville Ma. St., We death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NA	ME John	Morfols	Mon	U
(a) Residen	ce: No. Spring	field S	Tale I fory	If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR OR RACE		RIFD, WIDOWED, (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ora a. De	Lash	mult	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (	month, day, and yeer)	une 24,	1872	1) Ast saw have elive on Jesus 22 , 1935; death is:
7. AGE Yea		Deys 25	If LESS than  1 dey,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:  Date of on
e kind of w	ssion, or particular work done, as SPINNER, BODKKEEPER, etc	hymen	in	Gaetro duodinaluleu Augu
IIM WAS SAW MII	business in which s done, es SILK MILL, L, BANK, etc			, , , , , , , , , , , , , , , , , , , ,
10. Date decease		sper	me (years) It in this 37 444	ξ
12. BIRTHPLACE (cit		1		Other Contributory Causes of importance:
(State or cour	ntry), Balle	more		
H 13. NAME	John Mi	nus		1.
(State or	(city or town). B. a.l. country)	lumou		Name of operation Tolkio = flightly 10 1114 Date of les 13 = 3.  What test confirmed diagnosis? Westhere an autopsy?
置 15. MAIDEN NA	ME Caroline	reall		23. If death was due to externel causes (ViOLENCE) fill in elso the following:
0 16. BIRTHPLACE	(city or town)	rylana		Accident, suicide, or homicide?
17. INFDRMANT	Country)  M. John M. M.	ming Extension	welle und	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18 BURIAL, CREMA		Date Just	124, 1938	Manner of Injury
19. UNDERTAKER (Address)	Lew to	e med	U.	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED.	1670x, 1936 P	Hacey	Heev Registrar.	(Signed) John L. Willer d. 1. 1. (Signed) S. S. S. Grafin, E. y his valle, Mid.
- The Street	If more	blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH	
County Carroll	Registration Dist. No.75
1 7	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs mos. d
2. FULL NAME Dora May Muye	'us
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrie the word)	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of G. Henry Musers	22.   HEREBY CERTIFY, That I attended deceased from 19.35, to June 17.19.3
DATE OF BIRTH (month, day, and year)	1 1 st saw h eliva on June 17 19 3 ; death is sa
AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the data state above, at 6.300 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc 9. Hidustry or business in which work wes done, es SILK MILL, SAW MILL RANK etc.	Chr. Interstitual neplirite 193
work wes done, es SILK MILL, SAW MILL, BANK, etc	
yeer) occupation	Other Cantributary Causes of importance:
2. BIRTHPLACE (city or town) Personal (State or country)	Cardiae Hypertrophy
13. NAME William Keefer	Hypertufaion 1
13. NAME William Reefer  14. BIRTHPLACE (city or town)  (State or country)  Perma	Name of operation Dete of Whet test confirmed diagnosis? They Exam Was there an autopsy? 2
15. MAIOEN NAME Unksnown	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)  (State or country)  (Address)  (Address)  (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL PIECE NEW Columbia Octo 6-20, 1935	Manner of injury
19. UNDERTAKER Jacob Wniko Sour	24. Was disease or Injury in any wey related to occupetion of deceased?
20, FILED June 19, 1935 Mrs. Ir B. S. Denner Registrar.	(Signed) Who Denne M (Address) Manaliester Lind

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar. If more Clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. (Year)

Date of enagt

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TENER DE

ADDITIONAL	SPACE FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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	County Ca	rroll			Colored Branch 23 Registration Dist. No. 74	
,	Village or Ci	ence in city or town where	leath occurred	) yrs O mos	No.  St.,  death occurred in a hospital or institution, give its NAME instead of street and number and street	Ward
2			All Sair	ts Stree	t, stFrederick, Maryland.	
	(a) Residence	e: ND. ILDO III	(Usual place		If nonresident give city or town and State	
echologica	PERSON	AL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
-	ale	4. color or race Colored	5. SINGLE, MAR OR DIVORCE MAIT 1	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 8, 1935  (Month) (Day) (	Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced Mar	y Parker	c	June 5, 1935 19 to June 8, 1935	sed from
6. D	ATE OF BIRTH (	month, day, and year) Ma	y 21, 19	902	I last saw h 1m alive on June 8, 1935 19 deel	th Is said
7. A			Days	If LESS than	to have occurred on the date steted above, at 5.00 A.M.	
	33	. 11	17	XXXXXXX.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	
TION	SAWYER,	sion, or perticular ork done, as SPINNER, BDDKKEEPER, etc	Labore	r	Pulmonary Tuberculosis Jul	ne 32
IPATI	work was	usiness in which done, as SILK MILL, ., BANK, etc	Unknown	n		
000	10. Date decease		11. Total to Unka	ime (years) nt.ja.this patien		
12.	BIRTHPLACE (city		son,		Other Contributary Canses of importance:	
ER	13. NAME C	reighton Pa	rker			
FATHER	14. BIRTHPLACE (Stete or		ferson, yland.		Name of operation Date of Was there an autops:	No
ER	15. MAIDEN NAM	E Fannie Ra	nsom	day and the	23. If death was due to external causes (VIOLENCE) fill In also the following:	14
MOTHER	16. BIRTHPLACE (Stete or	(city or town) Hall	town, Virgin	ia	Accident, suicide, or homicide?	19
17.	INFDRMANT	John E. O'N Henryton			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATI	DN, OR REMOVAL	Date Jun	QU ,1935	Manner of Injury	
19.	UNDERTAKER 1	KETEKE	gart		24. Wes disease or injury In any way related to occupation of deceased? NO  If so, specify	
20.	FILED 6/8/	19 fl - W. C.	eputy I	Merke.	(Signed) Marylana Marylana.	M. D.
-					2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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	Example II		
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1921	Run over by street car	1 week ago	
July 5,1927	Perilonilis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

1. PLACE OF DEATH Maryland Tuber				culosis Sanatorium		
County Carroll Colore			Colore	d Branch (23) Registration Dist. No. 74		
	ity Henryton	, Maryla		No. (above) St.	War	
Langth of rasi	dance in city or town where	double consumed	9 1	f death occurred in a hospital or institution, give its NAME instead of street and s. How long In U.S. if of foraign birth?yrs	number)	
	ME Alice V			WAR SERVICE None	8	
				Con Md w		
(a) Residen	ce: No. Germant	(Usual piace	of abode)	Cost., Md . Ward.  If nonresident give city or town one	d State	
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex Female	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI Sing.	RIED, WIDOWED, O (write the word)	June 15, 1935  (Month) (Oay)	_, 193(Year)	
5a. If married, widow HUSBANO of (or) WIFE of	red, or divorced		A lesson de			
(or) WIFE of				22. 1 HEREBY CERTIFY, That I ettended April 29, 1935, 19, to June 15, 19		
6. DATE OF BIRTH	(month, day, and year)	uly 5,	1918	Hest sew Her alive on June 15, 1935, 19		
			If LESS than	to heva occurred on the date stetad above, at 7 . 00		
1			I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importence wara as follows:	10.4	
8. Trede, profe	ssion, or particular	Cahalas		Pulmonary Tuberculosis	Oate of onse	
E SAMIER	vork dona, as SPINNER, BOOKKEEPER, etc businass in which	Scholar	<u> </u>	-	-	
a work wa	s done, as SILK MILL, L, BANK, etc.	At scho	ool		Marc	
10. Date dacaas this occu year)	ad last workad at pation (month atonkno	sper sper	ma (yaars) nt in thunknov petion		1935	
12. BIRTHPLACE (ci (State or cou	ty of towin)	antown Tand		Othar Contributory Causes of importanca;		
13. NAME	Harr	y Plumme	er		-	
프		antown		Name of oparation Oete of		
(State or	country) Wary	land		What tast confirmed diagnosis?	autopsy? No	
15. MAIOEN NA	mL -	ie Smith	1	23. If daath wes due to axtarnal causes (VIOL ENCE) fill In elso the following:		
6 16. BIRTHPLACE	(City of town)	antown		Accident, suicida, or homicide?		
(01010 01	country) Mary			Where did injury occur? (Specify city or town, county and Sta	ite)	
(Address)	John E. O'N Henryton, M		. D.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMA		76 ato Juy	18,35	Mannar of Injury	~	
19. UNOERTAKE	0/00%	eglu	w	24. Was disaase or injury in any wey related to occupation of dacaased?	No	
(Addrass)	Taylo	tank	- 7 p	If so, specify		
20, FILEO 6/15	135 Soffee C	Orlice	uxed.	(Signad) Mus Collection	)M.	
	Deput	y Local	Registrar.	(Andrass) b Trunylow	und	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLAINLY,

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BEIDE-ALI-V. S.		110 TO 040 TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:	(men)	Other contributory causes of importance:	ENT
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	-CERTIFICATE OF DEATH 06493
1. PLACE OF DEATH	(23)
County Carrollo	Registration Dist. No. 74
Village or City Flokeville	No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number)  nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Nelew C. Reyno	
(a) Residence: No. Holewille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) Selve. / 1916	0 1/-0
7. AGE Years Months Days If LESS than	The state of the s
8 28 1 day,h	were se follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Date of ones
SAWYER, BOOKKEEPER, etc.	(suferentosis) lungo,
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Office Commission Commission of Importance.
(State or country)	
13. NAME Edward Regusla	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town)	Neme of operation
(State of County)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Elless Elexander	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Line A Preside	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) SUSCESSIBLE THESE.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Pleased's Chapiel Date July 1, 183	Neture of injury
19. UNDERTAKER Weer your Sur.	24. Wes disease or injury In any way related to occupation of deceased?
(Addiess) syxesville my.	If so, specify
20. FILED LELLE 35 135 OHarry New	(Signed) from: 2 // laztey M. [
Registray	(Address) Caustalla laran ha

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Gallstones	May 1,1923	Gastroenteritis	1 year
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RESERVED

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TE - JUL 19 1950			
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MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:  Gallstones	May 10.93	Other contributory causes of importance:	1 year	
	4 1922	NUL		
ADDITIONAL SPACE F	OR HUNT!	A DATEMENTS BY PHYSICIAN		

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00-0	,

state Every item of infor-Exact statement of OCCUPA-PHYSICIANS should WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PL V. S. No. 1

1. PLACE OF DEATH			(3)	
County Carroll C	ounty		Registration Dist. No. 944	
Village or City Sprin	gsfield S	tate Hos	pitual Sykesville, Md.  death occurred in a hospital or institution, give its NAME instead of street and numb	
Length of rasidenca in city or town wh	ara daath occurrad	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Fra	nk Harris	on Wan N	ess	
(a) Residence: No.	Boonesbor (Usualplace	o, Washin	sten Coulum, Md.  If nonresident give city or town and State	
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLORIOR BACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH June 193 2I (Month) (Oay)	5 (Year)
5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of Elizabet	h Wood May 5,187	74	June 17, 55 June 21 35	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	16	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Dairy E	Farmer	Chronic Interstitial Nephritis Oct	.I934
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total t	tima (yaars) nt in this		
	Jersey		Other Contributory Causes of importance: Uremia over 4	days
13. NAME	Mess			
14. BIRTHPLACE (city or town)	w-Jersey-		Name of operation Lab. Tests Oate of	
15. MAIOEN NAME	nn Shay		23. If death was due to axternal causes (VIOL ENCE) fill In also the following:	1000
16. BIRTHPLACE (city or town) New (State or country)	Jersey.		Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	, 19
	Sykesvál	lle Md.		
18. BURIAL, CREMATION, OR REMOVAL Place		u 23 , 1930	Mannar of injury	
19. UNOERTAKER OPTO	Dast to	Jone md	24. Was disease or injury In any way ralated to occupation of decaased? NO	
20. FILED JULE 2/, 19 35 C	Harry,	Heev Registrar,	(Signad) JSMM L. Welleld al	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago .
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, L.,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1 N. B.-

	S	TATE C	F MAR	YLAND-		498
:	L PLACE OF DEAT		Maryl		culosis Sanatorium d Branch (23)	
	County Carro				Registration Dist. No.	
1	Village or City He	nryton,	Maryla	ind	No. (above) st.,	Ward
1	Length of residence In cit	y or town whare d	leath occurrad	O yrs. 7 mos	death occurred in a horpital or institution, give its NAME instead of street and n	
	. FULL NAME R	aymond	Lawrenc	e Waters	WAR SERVICENone	
	(a) Residence: No. 5			Baltimore	9 94,0 . Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		r or race loved		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  June 1, 1935  (Month) (Pay)	, 193
5a.	If married, widowad, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended	deceased from
			larch 25	5. 1909	Oct., 17, 1934 19 to June 1, 1935 19	
-	DATE OF BIRTH (month, day AGE Years	, and year) 191 Months	Oavs	If LES ythan	to have occurred on the date stated ebove, at 2.20 mA. M.	; death Is said
	26	2	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
- É	8 Trada profession or na	rticular			were as follows: Pulmonary Tuberculosis	Oate of enset
TION			levato	r Operator		
¥ª	9. Industry or business in work was done, as S	ILK MILL. TIM	known			June
S	10. Oate daceased last wor	ked at	II Total	tima (years)		1934
9	this occupation (mor	th end Unkno	WIN oc	ent in this Unknow		
12	BIRTHPLACE (city or town).	Balti	more		Other Contributory Causes of importance:	
_	(State or country)	Maryl				
ER	13. NAME		st Wate:	rs		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Westm Maryl	ninster		Nama of operationOate of	No
ER	15. MAIDEN NAME		Colli	ns	What tast confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or to	wm) Balti Maryl			Accident, suicide, or homicide?Oate of Injury	
17		E. O'N		M. D.	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	(CE.
	(Address) Heni	yton, A	arylan	d		
18	BURIAL, CREMATION, OR R	Curn	. Qu	ne 4, 1935	Manner of injury	
	Place / L. L. Marie	N WOVE	C di D	7,19	Nature of injury	
19	UNDERTAKER SHOW	mas :	4. (Cell	Joseph	24. Was disease or injury in any way related to occupation of deceased?	No
)	(Address) /30	Toll	Maria	u H	If so, specify (Signed) A. Concur	9
20	FILEO 0/1/00, I	Deput	y Local	Registrar.	(Address) VEnces for	Zerf.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example 11		
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gatge AU-Vc-S- 1				
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Gallstones	May 1,1923	Gastroenteritis	1 year	